

# Mental Illness & Substance Use Disorders

Tobacco use is the single most preventable cause of death and disease in the United States, claiming 400,000 lives every year. Over 8.6 million people in the United States are disabled from smoking-related diseases such as emphysema, chronic obstructive pulmonary disease, and lung cancer. Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. About half of all cigarettes smoked in the United States are consumed by people who have had a mental illness and/or substance use disorder.<sup>i</sup> People with serious mental illness, on average, have a 20% shorter life span and die 25 years younger than the general population – largely due to conditions caused or exacerbated by tobacco use.<sup>ii</sup>

## **Smoking May Worsen Mental Illness**

There is a growing evidence base that suggests smoking may worsen mental illness, in addition to the negative effects of tobacco use on one's physical health and well-being.

- Smokers diagnosed with schizophrenia are generally more psychotic and have a greater number of hospitalizations than nonsmokers diagnosed with schizophrenia.<sup>iii</sup>
- Smokers with panic disorder report more severe and intense anxiety symptoms when compared with nonsmokers with panic disorder.<sup>iv</sup>
- Tobacco use is strongly associated with dependence on and abuse of alcohol, marijuana, and other substances.<sup>v</sup>
- Smoking is a predictor of greater problem severity and poorer treatment responses in individuals undergoing outpatient substance use treatment.<sup>vi</sup>

## **Tobacco Use Rates by Diagnosis<sup>vii</sup>**

<b>General Population (U.S. Average)</b>	<b>(17%)</b>
<b>Anxiety Disorders</b>	<b>45-60%</b>
<b>Major Depression</b>	<b>50-60%</b>
<b>Alcohol Abuse or Dependence</b>	<b>55-65%</b>
<b>Bipolar Disorder</b>	<b>55-70%</b>
<b>Schizophrenia</b>	<b>65-85%</b>
<b>Drug Abuse or Dependence</b>	<b>65-85%</b>

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## **Tobacco and Depression**

There is a strong relationship between depression and smoking. In a study of adults, 70% of men and 80% of women with a history of major depression were current or past smokers (compared to 50% of the general population). An estimated 25-40% of psychiatric patients seeking tobacco treatment had a past history of depression. Smoking is also a strong predictor of depression among youth and young adults. In a study of nearly 2,000 youth, smoking increased the risk of the onset of depressed mood, but depressed mood did not predict initiation of cigarette smoking.

## **Treatment for Tobacco Users with Mental Illnesses and Substance Use Disorders (MI/SUD)**

A significant gap exists in tobacco dependence treatment for MI/SUD. The number of tobacco treatment specialists trained to deliver complex interventions for clients with mental illness and substance abuse disorders is limited, and many MI/SUD treatment providers do not deliver even brief tobacco treatment interventions in facilities.

There is substantial evidence that persons with mental illness and substance use disorders DO want to quit, and CAN QUIT. A study published in *Drug and Alcohol Dependence* documented that out of 300 depressed smokers, 79% were interested in quitting tobacco.<sup>viii</sup> Similarly, a review of clinical trials revealed that 50-77% of consumers in substance abuse treatment facilities were interested in quitting tobacco.<sup>ix</sup>

## **Benefits realized by MI/SUD consumers upon quitting tobacco:**

- Reduced illness
- Enhanced abstinence from other addictive substances
- Reduced financial burden  
(Smokers with schizophrenia spend more than one quarter of their income on cigarettes.)<sup>x</sup>
- Increased self-confidence
- Improved quality of life

<sup>i</sup> Lasser K. et al. Smoking and Mental Illness: A population-based prevalence study. *JAMA* 2000; 284:2606-2610.

<sup>ii</sup> Tobacco-Free Living in Psychiatric Settings: A Best-Practices Toolkit Promoting Wellness and Recovery. National Association of State Mental Health Program Directors, July 2007.

<sup>iii</sup> Tang Y, et al. Cigarette Smoking In Chinese Male In-patients with Schizophrenia: A cross-sectional analysis. *Journal of Psychiatric Research* 2007; 41(1-2): 43-48.

<sup>iv</sup> Zvolensky, M et al. The impact of smoking on panic disorder: An initial investigation of a pathoplastic relationship. *Journal of Anxiety Disorders* 2003; 17(4): 447-460.

<sup>v</sup> Martinez-Ortega, J et al. Nicotine Dependence, Use of Illegal Drugs, and Psychiatric Morbidity. *Addictive Behaviors* 2005; 31(9): 1722-1729.

<sup>vi</sup> Venable PA, Carey MP, Carey KB, et al. Smoking among psychiatric outpatients: relationship to substance use, diagnosis, and illness severity. *Psychol Addict Behav.* 2003; 17:259-265

<sup>vii</sup> Tobacco use rates (general population – U.S.) – 2010 BRFSS; Tobacco Use Rates by Psychiatric Diagnoses – Lasser et al, *JAMA* 2000.

<sup>viii</sup> Prochaska JJ, Rossi JS, Redding CA, et al. Depressed smokers and stage of change: implications for treatment interventions. *Drug Alcohol Depend.* 2004; 76(2):143–151.

<sup>ix</sup> Joseph AM, Willenbring ML, Nugent SM, Nelson DB. A randomized trial of concurrent versus delayed smoking intervention for patients in alcohol dependence treatment. *J Stud Alcohol.* 2004; 65:681–691.

<sup>x</sup> Steinberg ML, Ziedonis DM, Krejci JA & Brandon TH. Financial implications of cigarette smoking among individuals with schizophrenia. *Tobacco Control* 13(2); 2004.

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